

## **How to Apply for a Position on the Naturopathic Medicine Advisory Council**

The Naturopathic Medicine Advisory Council is composed of three (3) naturopathic doctors (NDs), three (3) medical doctors (MDs), and three (3) public members. Council members are appointed by one of the following entities:

Governor's Office  
Senate Rules Committee  
Speaker of the Assembly

Each entity appoints one ND, one MD, and one public member. You may view a current list of Advisory Council Members and vacancies on this website at: [http://www.naturopathic.ca.gov/adv\\_council.htm](http://www.naturopathic.ca.gov/adv_council.htm). If you are interested in becoming a Council member, you must apply to one or more of the appointing entities.

**To apply to the Governor's Office**, go to his website at: [www.gov.ca.gov/appointments](http://www.gov.ca.gov/appointments), click on "Online Application Form", and follow the instructions.

**To apply to the Speaker of the Assembly**, fill out the attached "Speaker's Appointment Application", following the instructions on the attached appointment letter.

**To apply to the Senate Rules Committee**, call the Committee at 916/651-4151 and ask for an application for appointment to the Naturopathic Medicine Advisory Council.

# SPEAKER'S APPOINTMENT APPLICATION FORM

First Name	Middle Initial	Last Name
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Home Address (Number, Street)	(City)	(Zip)	County
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Home Phone Number	Cell/Car Phone Number	Home Fax Number
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Resident since (date):  
(If less than five years, please attach a list of all residences for the last five years.)

Email
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## APPOINTIVE POSITION SOUGHT:

## PERSONAL INFORMATION

Social Security Number	Ethnicity (optional)	Sex: F <input type="checkbox"/> M <input type="checkbox"/>
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Driver License Number	Date of Birth	Full Name of Spouse
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Are you registered to vote? ☐ Yes ☐ No

County in which you are registered to vote
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Political Party Affiliation	Country of Citizenship (if other than U.S.A.)
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Your State Assembly Member	Your State Senator	Your Congress Member
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## EMPLOYMENT HISTORY

### Current Employment

Employer Name	Job Title
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Business Address (number, street, city, zip)
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Business Phone Number	Business Fax Number
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**Past Employment** (List all positions held in the last 10 years, with most recent employer first; attach separate sheet of paper if necessary.)

Employer/Firm Name	Title/Occupation	City & State	DATES	
			From	To

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**HIGHER EDUCATION**

Name and Location of School/College	Major	Degree	Number of Years Completed & Date

Professional Licenses and/or Certificates Description	Date Issued	Expiration

**PROFESSIONAL/CIVIC ACTIVITIES** (List organizations of which you are *currently* a member.)

Name of Organization	Member Since

**SUPPORT/RECOMMENDATIONS** (List the people and organizations that support your appointment; attach their letters.)


**BACKGROUND INFORMATION**

(Please be sure to answer every question; explanations should be typed on another piece of paper.)

1. ☐ Yes ☐ No Have you ever been affiliated in any capacity with any institutions within the past five years that might present a potential conflict of interest or appearance of conflict of interest with your requested appointment? If yes, please explain.
2. ☐ Yes ☐ No Do you own real property, personal property or have financial holdings that might present a potential conflict of interest or appearance of conflict of interest with your requested appointment? If yes, please explain.
3. ☐ Yes ☐ No Are you or have you ever been a registered lobbyist? If yes, please explain.
4. ☐ Yes ☐ No Have you ever been convicted of a violation of any federal, state, county or municipal law, regulation or ordinance (including traffic violations for which a fine of \$100 or more was imposed, including driving under the influence of alcohol or drugs)? If yes, please explain.
5. ☐ Yes ☐ No Are you currently under federal, state or local investigation for possible violation of a criminal law, regulation or ordinance? If yes, please explain.
6. ☐ Yes ☐ No Has a tax lien or other collection procedure ever been instituted against you by federal, state or local authorities? If yes, please explain.
7. ☐ Yes ☐ No Have you ever been disciplined or cited for a breach of ethics or unprofessional conduct by, or been the subject of a complaint to, any court, administrative agency, professional association, disciplinary committee or other professional group? If yes, please explain.
8. ☐ Yes ☐ No Have you ever been involved in civil litigation, or administrative or legislative proceedings of any kind, either as plaintiff, defendant, respondent, witness or party in interest? If yes, please explain.
9. ☐ Yes ☐ No Have you ever run for political office, served on a political committee, or been identified publicly with a particular political organization, candidate or issue? If yes, please explain.
10. ☐ Yes ☐ No Have you ever been publicly identified, in person or by organizational members, with a particularly controversial national, state or local issue? If yes, please explain.
11. ☐ Yes ☐ No Have you ever submitted oral or written views to any government authority or the news media on any particularly controversial national, state or local issue, other than in an official government capacity? If yes, please explain.
12. ☐ Yes ☐ No Have you ever written any particularly controversial books or articles? If yes, please explain.
13. ☐ Yes ☐ No Do you know anyone or any group that might raise questions about your character and qualifications for your requested appointment? If yes, please explain.
14. ☐ Yes ☐ No Is there anything in your background that, if made known to the general public through your appointment, would cause embarrassment to you, the Speaker or the State Assembly? If yes, please explain.

**QUALIFICATIONS/SPECIALTIES** (Many positions require the appointment of persons with special background and experience. Please indicate below those categories for which you may qualify.)

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|---|---|---|
| <input type="checkbox"/> Advanced Technology        | <input type="checkbox"/> Financial Institutions | <input type="checkbox"/> Local Government |
| <input type="checkbox"/> Agriculture                | <input type="checkbox"/> Housing                | <input type="checkbox"/> Small Business   |
| <input type="checkbox"/> Attorney                   | <input type="checkbox"/> Insurance              | <input type="checkbox"/> Student          |
| <input type="checkbox"/> Consumer Protection        | <input type="checkbox"/> Judicial               | <input type="checkbox"/> Transportation   |
| <input type="checkbox"/> Education (K-12)           | <input type="checkbox"/> Labor                  | <input type="checkbox"/> Utilities/Energy |
| <input type="checkbox"/> Education (post-secondary) | <input type="checkbox"/> Law Enforcement        | <input type="checkbox"/> Veteran          |
| <input type="checkbox"/> Environment                | <input type="checkbox"/> Health                 | <input type="checkbox"/> Welfare          |

**PERSONAL STATEMENT** (Please explain why you would like to serve as an appointee of Speaker Núñez)

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**AUTHORIZATION AND RELEASE**

I understand that in connection with this application for appointment an investigation of my personal and business background will be conducted. I hereby authorize the release of any and all information pertaining to me or any business in which I participated, including information of a confidential or privileged nature in the possession of government or private agencies or individuals. I hereby release all such agencies or individuals who furnish such information from liability for damages that may result from furnishing the information requested. I also am aware that a consumer credit report may be requested and used in connection with this appointment application. The source of the report shall be a major national credit reporting agency, such as TRW, TRANSUNION, or EQUIFAX. In the event such a request is made, I understand that a copy of the report should be provided to me by the credit agency.

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Signature

Date

**TO ALL PERSONS SEEKING A POSITION APPOINTED BY  
ASSEMBLY SPEAKER FABIAN NÚÑEZ**

Thank you for your interest in serving the people of the State of California. To be considered for an appointment with the Speaker of the Assembly, please complete and return the attached application form.

In completing the form, please note the following:

1. ***The application form must be completed in full.*** If a particular question does not apply to you, please make some indication (e.g., "not applicable" or N/A) rather than leave the space blank. In addition to the completed application form, please attach your resume and/or biography.
2. Please *type or print legibly* your information in the spaces provided on the form. If it is necessary to explain any of your answers, or if you wish to provide more information than the space allows, feel free to use attachments. Please number the entries on your attachments according to the question on the application form.
3. Your completed application form and all attachments should be stapled together and submitted to the Speaker's Office at the address below. We also ask that you fax us a copy at 916-319-2351.

**Honorable Fabian Núñez  
Speaker of the California State Assembly  
State Capitol, Room 219  
Sacramento, CA 95814  
Attention: Lisa Dominguez, Appointments Unit**

Again, thank you for your interest in serving the people of California.

Sincerely,

**FABIAN NÚÑEZ**  
Speaker of the California State Assembly

Enclosure